PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16690821

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHER	NAHT F
	FOTAL OLAM	10	(Column 1)		(Column 2)		ד	TYPE		OP	SMALL	
	TOTAL CLAIM	5					RATE	FEE		RATE	FEE	
F	FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FEE	770.00
	OTAL CHARG	ゲ minus 20=		* 0			X\$ 9=		OR	X\$18=		
II	DEPENDENT	→ minus 3 =		* b			X43=		OR	X86=		
L	ULTIPLE DEPE					+145=		OR				
*1	* If the difference in column 1 is less than zero, enter					column 2		TOTAL	 	OR	TOTAL	770
	CLAIMS AS AMENDED - PAR						•	CMall	CATITY		OTHER	THAN
AMENDMENT A	(Column 1) CLAIMS		Colum HIGHE				1	SMALL	,i	OR	SMALL	··········
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE ,	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
<u></u>	FIRST PRES	ENTATION OF M	OLTIPLE DEI	PENDENT	CLAIM	<u> </u>		+145=		OR	+290=	
							l	TOTAL		اا	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	,	ADDIT. FEE	L	_1	ADOIT. FEE	
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	++ ·		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus ⁻	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
				_				+145=		OR	+290=	
		•					А	TOTAL DDIT. FEE		OR A	TOTAL ODIT. FEE	
		(Column 1)		(Column		(Column 3)						
Z -		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	4.4-4-		27	-	X43=		}-	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
* 16 t	. ' If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	⊧290≠	
** 11	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR _{AC}	TOTAL DOIT FEE	
TI	re "Highest Numl	her Previously Paid	For (Total or I	ndependent) is the t	ighest number (ტიიტ	Lin the appro	opnate box	in colun	m f	